

A \$5.00 Fee MUST accompany this form. Check or money order only.

1. Name _____
Last First Middle Other name(s) used on records _____
2. Legal Address _____ Social Security No. ____-____-____
Number Street Apt. No.

City State Zip Code
3. Primary Telephone Number: _____ E-mail Address: _____
4. ☐ Male ☐ Female Date of Birth _____ Birthplace _____
5. Application for: ☐ Basic RN Program Fall 2013
Clinical Site: ☐ Los Angeles ☐ Olive View/Sylmar
☐ LVN Advanced Placement Option I Summer 2013
☐ Transfer/Advanced Placement Fall 2013
6. Have you applied previously to this program? ☐ Yes ☐ No If yes, date _____
7. U.S. Citizen: ☐ Yes ☐ No Type of Visa and Number _____
8. Educational Background (list all colleges attended): _____

<i>Education</i>	<i>Name and Location of Institution</i>	<i>Mo/Y Attendance from to</i>	<i>Degree Received and Date of Graduation</i>
High School			
College/University			
College/University			
College/University			
College/University			
Other			

9. Have you ever been a student in a health-related program? ☐ Yes ☐ No
- Please Specify: ☐ RN ☐ LVN ☐ LPT ☐ Other_____
- If yes, Name of School _____ Location_____
- Date of Entrance _____ Date of Leaving _____
10. How did you learn about this program? _____
11. RN licensure may be denied for crimes or acts which are substantially related to the practice of nursing. If you have been convicted of a crime, please contact the California Board of Registered Nursing prior to applying to this program.

(OVER)

12. Complete the information about the prerequisite requirements:

Course	Yes	No	Grade	Year Completed	College Where Course Completed
Anatomy & Lab					
Physiology & Lab					
Microbiology & Lab					
English 101					
Lifespan Psychology					

Additional Information

*1. List work experience you have had in the last 5 years. Begin with the most recent experience.

Position	Employers Names and Locations	Full Time	Part Time	From Mo Yr	To Mo Yr

*2. List health-related volunteer work _____

Your response to questions marked with an asterisk () will be used to provide information on college programs and services and/or for research and statistical purposes. This information will not be used to accept nor deny admission to the school or any of its programs.

3. The nursing program exists to serve the community. Please complete the following information. This information will be confidential and will not be used to make a decision about your application.

Ethnic Identity: *Please check one box which identifies you.*

- 10 ☐ Caucasian, White
 30 ☐ Black, African-American
 50 ☐ Hispanic/Latino
 51 ☐ Mexican-American
 52 ☐ Central American
 53 ☐ South American
 54 ☐ Cuban
 55 ☐ Puerto Rican
 60 ☐ American Indian, Alaskan Native

- 70 ☐ Asian/Pacific Islander
 71 ☐ Chinese
 72 ☐ Korean
 73 ☐ Asian Indian
 74 ☐ Thai
 75 ☐ Native Hawaiian
 76 ☐ Other Pacific Islander
 77 ☐ Vietnamese
 80 ☐ Filipino
 90 ☐ Decline to State
 100 ☐ Other (specify) _____

I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge or belief. I understand and agree that any misstatement or omission of material fact may cause forfeiture on my part of all rights to admission or I may be subject to dismissal by the Los Angeles County College of Nursing and Allied Health.

Signature _____

Date _____